

a “cold case hospital”. Appropriate theatre time and possibly an overnight bed will need to be allocated for those potentially complex patients.

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0670: THE RISKS OF LAPAROSCOPIC CHOLECYSTECTOMY, THE CONSISTENT INCONSISTENCY OF SURGICAL CONSENTING

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Aim: Laparoscopic cholecystectomy is a common surgical procedure associated with many potential complications. Providing patients with a reasonable amount of information pertaining to these complications is an important element of the surgical consenting process. However the case of Montgomery v Lanarkshire highlights that which risks patients are alerted to should not be our decision. The aim of this study was to evaluate the quality of risks documented to patients, over a one-year period.

Method: This retrospective study evaluated the laparoscopic cholecystectomy consent forms of 397 patients. The grade of healthcare specialist (doctor/nurse) completing these forms was identified and the inclusion of potential complications listed on these forms were analysed.

Result: Overall, core surgical trainees were found to be the best at recording the range of complications. The most commonly documented complications were wound infection (99.5%), bleeding (99.5%), converting to open (98.7%), and injury to the common bile duct (98%). The risk of a retained stone was the least documented complication (39%).

Conclusion: This study demonstrated information inconsistency still remains. We suggest the introduction of printed consent forms and information leaflets for routine surgical procedures detailing the spectrum of complications, to ensure these are reliably discussed and true informed consent gained.

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0718: POTENTIAL FINANCIAL SAVINGS FOR THE LOCAL HEALTH ECONOMY IN TYPE 2 DIABETIC CARE, FOLLOWING BARIATRIC SURGERY

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Aim: The case for health improvement following bariatric surgery is well-established for numerous metabolic diseases, including Type 2 Diabetes. However, cost-implications have yet to be fully quantified. We sought to calculate advantages to the local health economy, and compared data from our bariatric surgery centre, against BOMSS guidelines, over a 3-year period.

Method: We collected information on 134 patients, who underwent bariatric surgery, from June 2012–November 2015, using Worcestershire Royal Hospital electronic notes. Using estimated average remaining life years per patient, and estimated annual diabetic care costs we approximated possible savings.

Result: 134 patients (100%) met BOMSS surgical criteria. 55 patients (41%) had type 2 diabetes; 14 on insulin, 8 on dual therapy, 23 on oral agents, and 10 diet-controlled. Post-operatively 29 (53%) were off-treatment completely, 11 (20%) had treatment reduced, and 5 (9%) had no therapy changes. For our cohort of 29 patients no longer requiring treatment we used Diabetes UK data regarding inpatient and outpatient care costs and calculated potential savings of £357,790 and £2,417,500 respectively.

Conclusion: We have demonstrated, in our small cohort of Type 2 Diabetics having undergone bariatric surgery, that the local health economy could benefit from long-term savings of up-to £95,000 per patient lifetime.

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0735: THE ROLE OF THE SUBTOTAL CHOLECYSTECTOMY – A SAFE AND EFFECTIVE LAPAROSCOPIC PROCEDURE

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Background: Subtotal cholecystectomy (SC) is performed when safe dissection in Calot's triangle is not possible. SC can reduce catastrophic biliary pedicle injuries. Conventionally it is an open procedure but more recent data suggests it can safely be performed laparoscopically.

Aim: To investigate the incidence and outcomes of SC.

Method: Retrospective analysis in large DGH of SC from 2011–2015. Data was retrieved and analysed from electronic and paper records.

Result: Sixty-six cases identified, mean age 64 (25–88 years), of which 57% were male. Laparoscopic SC was performed in 86.4% of cases (12.1% converted to open). Interestingly only 15 (23%) cases were non-elective cases. The use of SC increased consistently over the study period, rates rose from 0.3% 2011–12, 1.6% 2012–13, 2.7% 2013–14 to 5.4% 2014–15.

Bile leaks were only seen in 10 patients and of these 8 required ERCP. Ductal stones were seen in 5 patients. Overall ERCP use post operatively was 15.1%. There were four gallbladder fossa collections (6%). There were no 30-day deaths or bile duct injuries.

Conclusion: SC is a safe option in the management of “difficult” gall-bladders. It can be performed laparoscopically and is associated with acceptable morbidity with reduced risk of biliary injuries.

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0819: FACTORS PREDICTING AN INCREASED LENGTH OF STAY AFTER DAY-CASE LAPAROSCOPIC CHOLECYSTECTOMY

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Aim: Identifying factors which increase length of stay (LOS) can improve bed flow, care planning and patient satisfaction. We aimed to look at factors predicting an increased LOS after intended day-case laparoscopic cholecystectomy.

Method: A single centre, retrospective review of a prospectively collected database of planned day case laparoscopic cholecystectomies was carried out. We used logistic regression analysis to predict whether diabetes mellitus, intraoperative cholangiogram (OTC), the indication for surgery or elevated BMI (> 25kg/m²) increased the LOS to more than 24 hours.

Result: A total of 307 day case laparoscopic cholecystectomies (65% women, median age: 55) were identified during a 27 month period with a total of 51 unplanned stays > 24 hours. The odds ratio (OR) identified with associated p-value are as follows for each predictive factor; diabetes 3.032 (p 0.035), BMI (>25) 2.03 (p 0.03), OTC 1.26 (p 0.41), biliary colic 0.87 (p 0.60), gallstone pancreatitis 1.07 (p 1.0), acute cholecystitis 2.12 (p 0.127.)

Conclusion: Patients with diabetes and classed as overweight were statistically more likely to have an increased LOS. When planning day-case lists careful prior thought should be given to diabetic patients and those overweight to ensure that the efficient use of resources is maximised.

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0973: OUTCOMES OF CHOLECYSTECTOMY IN DYSFUNCTIONAL GALL-BLADDER SYNDROME: TIME TO REDEFINE THE THRESHOLD?

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Aim: The role of Laparoscopic cholecystectomy (LC) for dysfunctional gallbladder (DG) is a subject of debate with significant patients re-presenting with pain following surgery. DG is defined as biliary symptoms with normal biliary imaging and abnormal HIDA (hepatobiliary iminodiacetic acid) radionuclide scanning.

Method: Single centre retrospective study of all patients undergoing LC for DG from 2009 to date. An abnormal HIDA scan was defined as ejection fraction (EF) <35%. Patient spells were also examined to look at how many patients represented post-operatively.

Result: Sixty-five patients (51 female, median age 47) who underwent LC for DG were identified. 34% of these patients represented with pain.